



GARDENS FOR LIFE – ZIMBABWE

Mwenezi district is located in the South Eastern area of Zimbabwe and characterized by low rainfall and high temperature. Most households depend on agricultural production. However, the economic and humanitarian situation has deteriorated since 2008. Poor harvest caused by both excessive rainfall causing flash floods, and drought, has increased need for food assistance and has also negatively impacted the psychosocial wellbeing.

Lutheran Development Service (LDS) Zimbabwe work in the area with development and resilience, building upon existing community resources and capacities, frameworks of equity and “do no harm”, and recognizing the importance of implementing psychosocial programs through a complementary, integrated and multi-sectoral approach.

LDS **engaged the community in assessing their needs and find suitable interventions.** In conjunction, the community was given **training in community-based psychosocial support (CBPS)** to see how they could have an active role in resolving their needs.

The community leaders, child protection committees, caregivers, youth leadership, men, and women took part in the training and the mapping. The CBPS training encouraged all community structures and community members to be **pro-active in the process.** The community then found a need to commit to saving themselves and the most vulnerable group affected by shocks. The group of orphans was considered to be most vulnerable and was growing in number. The orphans and abandoned children were a result of the HIV/AIDS pandemic but continued to grow because of poverty. Family members were forced to leave the community in search of survival resources, looking for work in South Africa or engaging in commercial sex. When the family members returned to the community, the HIV was further spread, increasing the number of orphans, single parent and child-headed families. The children were exposed to child marriages, early pregnancies or child labor.

The **community identified a nutrition garden** as an immediate project that could be embarked to alleviate some of the stresses. A garden with a shared water source could be used for livestock drinking, irrigating the garden, as well as sustain other community chores. LDS supported with materials, such as fence, tools and start seeds in the establishment of the kitchen garden. The 1-hectare garden was opened to **57 participants, 47 female, and 10 male**, and received water from Chingami dam. The establishment of the garden encourages community members to participate,

including the affected groups' youth and children. Direct benefiting households enjoyed the immediate profits and nutrition from the product while the community at large got access to buying fresh products. The participants **additionally engaged** in a saving a lending association, **improving their savings and income base**.

The participants set out a portion of the garden where they work, where the gain supported the orphans within the community. The **local leadership, the child protection committees, and the garden participants have monitored and assessed the project**, and its effect on the children. School staff working with child protection have been trained in CBPS to assist in the monitoring process. Cases with a **need of further assistance have been referred** to counseling, or to social welfare or child units.

Benefits of the project

A monitoring survey conducted by LDS shows that participants have improved their lives. There is evidence of improved household incomes, and households taking care of orphans are able to support them with their needs as well as send them to school.

The project has made the **community become alert to one another's wellbeing**. The project has **increases the wellbeing of the households involved, together with the orphans**. The project supports cooperation, as it remains a place for interaction and socializing. In turn, this **nourishes the social wellbeing**, as working together cultivates meaningful interaction with other members of the community. It has therefore led to increased status for the orphans and affected families, reducing hostility, stress, depression, and hopelessness.

Lessons learned

Communities have capacities to build their own resilience against shocks if encouraged to focus on locally available resources. This is a sustainable way for continuity and reduced dependency on donor and external support.

ACT Regional Psychosocial Community of Practice in Southern Africa

You have just read a good practice of Community Based Psychosocial support, from the ACT regional community of practice in Southern Africa.

The Regional Psychosocial Community of Practice (PS CoP) is a group of people joined together by common issues of working in the field of community based psychosocial support, as part of the ACT Alliance humanitarian response to emergency and disaster situations that took place in a given place in the region. Through the regional Community of Practice, the aim is to strengthen the capacities and practices of community based psychosocial support of ACT members, by sharing good practices appropriate to local cultures, share expertise and experiences.

How to join and get in touch

The regional PS CoP is opened to ACT partners working on psychosocial support. Trainings on community based psychosocial support for focal persons will be arranged in Malawi, South Africa, Swaziland and Zimbabwe. **For more information contact:**

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